

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known)

Chapter

7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Full Conceal Inc

2. All other names debtor used in the last 8 years

DBA FC Arms

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 81-2015245

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

175 Cassia Way Suite A1114
Henderson, NV 89014

Number, Street, City, State & ZIP Code

4651 Valley Vista Drive
Dublin, CA 94568

P.O. Box, Number, Street, City, State & ZIP Code

Clark

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.fullconceal.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Full Conceal Inc**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Full Conceal Inc**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Full Conceal Inc**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 13, 2020**
MM / DD / YYYY**X /s/ Michael Full**

Signature of authorized representative of debtor

Michael Full

Printed name

Title **CEO****18. Signature of attorney****X /s/ Robert Atkinson**

Signature of attorney for debtor

Date **October 13, 2020**

MM / DD / YYYY

Robert Atkinson 9958

Printed name

Atkinson Law Associates Ltd.

Firm name

**376 E Warm Springs Rd Suite 130
Las Vegas, NV 89119**

Number, Street, City, State & ZIP Code

Contact phone **(702) 614-0600**Email address **bknotices@nv-lawfirm.com****9958 NV**

Bar number and State

Board of Directors Consent Resolutions

I am the sole member of the board of directors for Full Conceal, Inc. ("Company") I hereby waive notice of a meeting of the board of directors of the Company, to consider and transact any business whatsoever that may be brought before the meeting. I hereby waive any and all requirements by statute, bylaws, or otherwise, as to notice of the date, time, place, and purposes of the meeting, and consent that the meeting held on the date and at the time and place set out about and to the transaction thereat or at any adjournment thereof of any business whatsoever that may be brought before the meeting, including, without any limitation on the scope of the foregoing, the adoption of bylaws, election of officers, and authorization of issuance of stock.

WHEREAS, the Company was formed on March 22, 2016;

WHEREAS, the Company drafted and adopted but did not execute initial consents of the first meeting of the board of directors of the Company;

WHEREAS, the Company drafted and adopted, but did not execute bylaws of the Company;

WHEREAS, the Corporation is insolvent and unable to pay its debts as they mature;

WHEREAS, it would be in the best interests of creditors for the Company to file a voluntary petition under Chapter 7 of the Bankruptcy Code, it is:

RESOLVED that the bylaws of the Company that were adopted but not signed are adopted and ratified in full.

RESOLVED that the initial written consent of the board that were drafted but not signed are adopted and ratified in full.

RESOLVED that the Company accepts the resignation of Steven Pantalemon.

RESOLVED that Michael Full is accepted by the board as the President, Secretary and Treasurer of the Company.

RESOLVED that the capitalization table of the Company is approved and reflects the current ownership of shares in the company by its shareholders which is as follows:

Name	Common	Total Shares	Fully Diluted Percentage Ownership
Brad Bartman	500	500	0.50%
Dorothy K. Bartman	500	500	0.50%
Douglas Cheung	3,833	3,833	3.83%
Dumpy's LLC	2,000	2,000	2.00%
Eugene Kim	1,250	1,250	1.25%
Hudson Development	2,000	2,000	2.00%

Name	Common	Total Shares	Fully Diluted Percentage Ownership
Joshua Fuselier	1,000	1,000	1.00%
Michael Full	51,000	51,000	51.00%
Ron Novak	1,000	1,000	1.00%
Stephen M. Pantalemon	33,917	33,917	33.92%
Thomas H Gingles	1,000	1,000	1.00%
Todd Martin	1,000	1,000	1.00%
Uly Kim	1,000	1,000	1.00%
Total	100,000	100,000	100.00%

RESOLVED, that the Corporation file as soon as practicable a bankruptcy in accordance with Chapter 7 of the Bankruptcy Code.

FURTHER RESOLVED, the exchange of copies of these Resolutions and of the signature page by facsimile, electronic mail (including .pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, e.g., www.docusign.com) or other transmission method shall constitute effective execution and delivery of these Resolutions may be used in lieu of the original for all purposes. Any signature transmitted by facsimile, electronic mail or other transmission method shall be deemed to be their original signatures for all purposes.

Dated October 5, 2020.

Michael Full

Michael Full, Director

The undersigned hereby certifies that he is the duly elected and qualified Secretary and the custodian of the books and records and seal of Full Conceal, Inc., a corporation duly formed pursuant to the laws of the state of Nevada and that the foregoing is a true record of a consent resolution duly adopted at a meeting of the Directors and that said resolutions were adopted in accordance with state law and the Bylaws of the above-named Corporation on October 5, 2020, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 5th Day of October, 2020.

Michael Full

Michael Full, Secretary

Fill in this information to identify the case:Debtor name Full Conceal IncUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 13, 2020**X /s/ Michael Full**

Signature of individual signing on behalf of debtor

Michael Full

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Full Conceal Inc**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 1,900,999.16
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 1,900,999.16

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 254,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 120,000.00
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 339,448.45
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 713,448.45

Fill in this information to identify the case:Debtor name **Full Conceal Inc**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase	Business checking	3126	\$300.00
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3.2. Chase	Business savings	7119	\$0.00
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4. Other cash equivalents (Identify all)**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$300.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Prepayment for services - Accounting Services (SF Bay Tax - Accountant) - prepaid for 2020 corporate tax return	\$6,000.00
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Debtor Full Conceal Inc
Name

Case number (If known) _____

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$1,000.0024. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Apartment Furniture (2x beds and 2x bed frames, 1x piano, 1x couch, 1x table, 3x chairs, 2x cabinets) Location: 4525 Dean Martin Dr Apt 1212, Las Vegas NV 89103	\$0.00	Liquidation	\$1,000.00
2 tables, 4 racks	\$0.00		\$200.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Laptop, monitor Location: 4525 Dean Martin Dr Apt 1212, Las Vegas NV 89103	\$0.00	Liquidation	Unknown
2 computer monitors, scanner, video system, thermal printer	\$0.00		\$1,000.00
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1. Boring Company Flame Thrower	\$0.00		Unknown

Debtor Full Conceal Inc
Name

Case number (If known) _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$2,200.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)**Valuation method used for current value****Current value of debtor's interest**47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)****Collet, portable refractor, telescoping gauge, 2 calipers, grinder, 3 edge stops, touch probe, height gauge****\$0.00****\$1,000.00**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$1,000.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.

Debtor **Full Conceal Inc**
Name

Case number (If known) _____

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets US Patent (No. 10,274,276) - Folding Handgun	\$0.00	Liquidation	\$500,000.00
	US Patent (No. 10,488,132) - Safety Trigger	\$0.00	Liquidation	Unknown
	Patent pending - Application Serial No.: 16/745,399 Magazine Retention Device with Integrated Aiming System	\$0.00		Unknown
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties FFL (Federal Firearm License) manufacturer's license from U.S. Bureau of ATF Lic. no. 9-88-003-07-3E-04815	\$0.00		\$0.00
63.	Customer lists, mailing lists, or other compilations Marketing list via MailChimp	\$0.00		Unknown
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$500,000.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.**Current value of debtor's interest**

Debtor Full Conceal Inc <small>Name</small>	Case number <i>(If known)</i> _____
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71.	Notes receivable	
	<small>Description (include name of obligor)</small>	

72.	Tax refunds and unused net operating losses (NOLs)	
	<small>Description (for example, federal, state, local)</small>	
	Net operating losses as of Dec 31, 2019	Tax year 2019 \$1,230,370.00

73.	Interests in insurance policies or annuities	
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74.	Causes of action against third parties (whether or not a lawsuit has been filed) Litigation claims against business partner Steve Pantalemon	Unknown				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"><small>Nature of claim</small></td> <td style="width: 75%;"><u>Litigation claims</u></td> </tr> <tr> <td><small>Amount requested</small></td> <td><u>\$0.00</u></td> </tr> </table>	<small>Nature of claim</small>	<u>Litigation claims</u>	<small>Amount requested</small>	<u>\$0.00</u>	
<small>Nature of claim</small>	<u>Litigation claims</u>					
<small>Amount requested</small>	<u>\$0.00</u>					

	Clawback claims against former business partner Steve Pantalemon Eighth District Court, Clark County Case no. A-20-813641-C	\$78,738.00				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"><small>Nature of claim</small></td> <td style="width: 75%;"></td> </tr> <tr> <td><small>Amount requested</small></td> <td><u>\$0.00</u></td> </tr> </table>	<small>Nature of claim</small>		<small>Amount requested</small>	<u>\$0.00</u>	
<small>Nature of claim</small>						
<small>Amount requested</small>	<u>\$0.00</u>					

	Claim relating to selling a VM3 machine for \$13,000 less than market value	\$13,000.00				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"><small>Nature of claim</small></td> <td style="width: 75%;"><u>Litigation claims</u></td> </tr> <tr> <td><small>Amount requested</small></td> <td><u>\$0.00</u></td> </tr> </table>	<small>Nature of claim</small>	<u>Litigation claims</u>	<small>Amount requested</small>	<u>\$0.00</u>	
<small>Nature of claim</small>	<u>Litigation claims</u>					
<small>Amount requested</small>	<u>\$0.00</u>					

	Litigation claims against Full Conceal Mfg LLC, Mitch Grief, and/or Leeor Engelstein	Unknown				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"><small>Nature of claim</small></td> <td style="width: 75%;"><u>Litigation claims</u></td> </tr> <tr> <td><small>Amount requested</small></td> <td><u>\$0.00</u></td> </tr> </table>	<small>Nature of claim</small>	<u>Litigation claims</u>	<small>Amount requested</small>	<u>\$0.00</u>	
<small>Nature of claim</small>	<u>Litigation claims</u>					
<small>Amount requested</small>	<u>\$0.00</u>					

75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
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76.	Trusts, equitable or future interests in property	
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77.	Other property of any kind not already listed <i>Examples: Season tickets, country club membership</i> Funds sitting in escrow relating to the sale of a VM3 machine	\$47,000.00
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78.	Total of Part 11. <small>Add lines 71 through 77. Copy the total to line 90.</small>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$1,369,108.00</div>
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79.	Has any of the property listed in Part 11 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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Debtor **Full Conceal Inc**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$300.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$7,200.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$20,191.16	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$1,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$2,200.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$1,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$500,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$1,369,108.00	
91. Total. Add lines 80 through 90 for each column	\$1,900,999.16	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,900,999.16

Fill in this information to identify the case:Debtor name **Full Conceal Inc**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	American Express National Bank Creditor's Name c/o: Datamark Inc. Attn: Merchant Financing Counsel 43 Butterfield Circle EL Paso, TX 79906 Creditor's mailing address Creditor's email address, if known Date debt was incurred March 2020 Last 4 digits of account number 2100 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Blanket lien Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$254,000.00	Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$254,000.00****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.3	Nonpriority creditor's name and mailing address Advanced Weapons 2149 Freemont Dr Canon City, CO 81212 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$898.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.4	Nonpriority creditor's name and mailing address Alex Harding 497 Melvin Avenue Morrisville, PA 19067 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address Alex Martin 9212 se retreat dr hobe sound, FL 33455 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$59.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address Alhareth AISalman 23314 nocturnal ct Katy, TX 77493 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$598.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address ANDREW DORMAN Papa Foxtrot Tactical LLC 2303 Highway 1 Galivants Ferry, SC 29544-6831 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address Andrew Hernandez 14025 Fairway Island Dr. 325 Orlando, FL 32837 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,429.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address Andrew Obrist 4938 Juno Road Virginia Beach, VA 23455 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.10	Nonpriority creditor's name and mailing address Andrew Papp 112 Beaumont dr Dahlonega, GA 30533 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$999.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address Andrew Waller 3241 South Mount Carmel Avenue Wichita, KS 67217 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address Anthony Cellana KT Arms LLC 291 NW 48th Ave DEERFIELD BEACH, FL 33442 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address Apple & Sons Saunders Ace Hardware 202 PIEDMONT ST REIDSVILLE, NC 27320 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$349.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address Arianna Monin 3661 Glasstop Dr Las Vegas, NV 89141 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Arrow Security Inc. 15410 N 67 Ave Glendale, AZ 85306 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$898.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Ben Bushong 427 Hannah Road Daleville, AL 36322 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.17	Nonpriority creditor's name and mailing address Bill Hicks 15155 23rd Avenue North Plymouth, MN 55447 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,280.00
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3.18	Nonpriority creditor's name and mailing address Bloodhound Arms, LLC 140 Commonwealth Drive Warrendale, PA 15086 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
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3.19	Nonpriority creditor's name and mailing address Brandon Barbee PO Box 456 Center, TX 75935 Date(s) debt was incurred <u>03/26/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.00
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3.20	Nonpriority creditor's name and mailing address Brandon Carriere 4435 MEADOW BROOK WAY Lake Charles, LA 70607 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$949.00
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3.21	Nonpriority creditor's name and mailing address Brandon Yanskey 520 Geary Dr Rockwall, TX 75087 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,347.00
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3.22	Nonpriority creditor's name and mailing address Brian Barmmer entensiv 68 Virginia Farme Ln Carlisle, MA 01741 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.23	Nonpriority creditor's name and mailing address Brian Wensel 4109 S Roberts Rd Fort Mohave, AZ 86426 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$898.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.24	Nonpriority creditor's name and mailing address Bryan Oudomsouk 504 Lutie CT Nashville, TN 37210 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.25	Nonpriority creditor's name and mailing address Carl Guething 1700 W 67th Ave Denver, CO 80221 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.00
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3.26	Nonpriority creditor's name and mailing address Carlton McCord 27845 Moran St Harrison Township, MI 48045 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.27	Nonpriority creditor's name and mailing address Charles Butkus 3833 Peachtree Rd Ne Apt 1506 Brookhaven, GA 30319 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.28	Nonpriority creditor's name and mailing address Charles Moore 6216 south lagoon Dr. Panama city bea, FL 32408 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
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3.29	Nonpriority creditor's name and mailing address Chris Culross 75 Center St Laramie, WY 82072 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.00
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3.30	Nonpriority creditor's name and mailing address Christopher Galan 157 Doris Dr Universal city, TX 78148 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.31	Nonpriority creditor's name and mailing address Christopher Kam 267 Mokauea st Honolulu, HI 96819 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address Christopher Liston 15 Mill Street Mays Landing, NJ 08330 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$999.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address Christopher Meyer 713 Virginia Ave Gallatin, TN 37066 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address Christopher Polhemus 419 Abigail Street Ridgecrest, CA 93555 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Christopher Sofich 8717 SE Monterey Ave Unit 209 Portland, OR 97086 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Citibank, N.A. Attn: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64195 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Collin Orizu 989 S Buchanan St Unit 210 Arlington, VA 22204 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$999.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.38	Nonpriority creditor's name and mailing address CV Property Management 4520 36th Ave S Fargo, ND 58104 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Former Landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address Dallas Hill 1979 12212 Anne Kenia Dr. Thonotosassa, FL 33592 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address Dan Kremer 3839 Treebrook Dr Imperial, MO 63052 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$898.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address Danele Williams 1117 South Bloodworth Street Raleigh, NC 27601 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address Daniel Crall 59 Hathorn Blvd. Saratoga Springs, NY 12866 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address Daniel Gambella 5 Ladder Court Huntington, NY 11743 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$369.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address Daniel Nelson Address unknown Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.45	Nonpriority creditor's name and mailing address Daniel Sotelo 3108 W LOUISIANA AVE Midland, TX 79701 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	Nonpriority creditor's name and mailing address Darren Harrell 131 Jowers Road West Monroe, LA 71291 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$98.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address Darren Harrell 131 Jowers Road West Monroe, LA 71291 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$369.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address dave licht 6735 cascade manor dr sugar land, TX 77479 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address David Cathcart 6200 Pershing Ave Apt 378 Fort Worth, TX 76116 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address David Harris 10004 Wurzbach Rd #321 San Antonio, TX 78230 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Derek Holbrook P.O. Box 455 Oak Harbor, WA 98277 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.52	Nonpriority creditor's name and mailing address Desert Weaponry 11364 E Prince Rd Tucson, AZ 85749 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,694.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Dillon Point 575 State Route 37 Akwesasne, NY 13655 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Doug Wight (Gold Ring Pawn) 445 Main St Silt, CO 81652 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$349.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Dre Mill 2666 morrow place Cincinnati, OH 45204 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Dutch Hilleburg 7039 Signal Hill Rd Manassas, VA 20111 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,260.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address Eddie Colameta 495 Broadway Malden, MA 02148 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Eddie E Walker Jr 468 Oak Ridge Estates Murphy, NC 28906 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$59.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.59	Nonpriority creditor's name and mailing address Eion Hughes 274 Elkins Road Rogersville, TN 37857 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.60	Nonpriority creditor's name and mailing address Elite Firearms 6985 W Sahara Ave Las Vegas, NV 89117 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$898.00
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3.61	Nonpriority creditor's name and mailing address Endicia 323 N Mathilda Ave Sunnyvale, CA 94085 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.83
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3.62	Nonpriority creditor's name and mailing address Eric Berrett 3305 Westwood Industrial Dr Monroe, NC 28110 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$898.00
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3.63	Nonpriority creditor's name and mailing address Eric Hernandez 635 Voiles Street Brighton, CO 80601 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$589.00
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3.64	Nonpriority creditor's name and mailing address ERICH VINCENT PO BOX 23666 PLEASANT HILL, CA 94523 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598.00
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3.65	Nonpriority creditor's name and mailing address Erik Fortin 568 Station Road Mount Holly, VT 05758 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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Debtor	Full Conceal Inc Name	Case number (if known)
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3.66	Nonpriority creditor's name and mailing address ETS PO Box 2889 South Bend, IN 46680 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.67	Nonpriority creditor's name and mailing address Frank Hodne 8174 N Union Church Rd Milford, DE 19963 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.00
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3.68	Nonpriority creditor's name and mailing address Frog Bones Family Shooting Center 404 S Harbor City Blvd Melbourne, FL 32901 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,347.00
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3.69	Nonpriority creditor's name and mailing address George Turner G.O.T. Fitness Pottstown, PA 19464 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.70	Nonpriority creditor's name and mailing address Greg Conran 20538 Tanager Place Leesburg, VA 20175 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.00
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3.71	Nonpriority creditor's name and mailing address Greg Komassa 1116 Harding Road Anthony, NM 88021 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
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3.72	Nonpriority creditor's name and mailing address Gregory Conran 20538 tanager place Leesburg, VA 20175 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.73	Nonpriority creditor's name and mailing address Herbert Pan 415 Cloverdale Ln Walnut, CA 91789 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$999.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address Howard & Howard Attorneys PLLC 3800 Howard Hughes Pkwy #1000 Las Vegas, NV 89169 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address Howard Steven Leight 3200 Airport Ave Santa Monica, CA 90405 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$369.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address Iho Tree 2754 Richardson St Fitchburg, WI 53711 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$579.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address Isaiah Warren 42 Rose Hill Dr. Jackson, TN 38301 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$399.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address Jack Crouch 6063 Via De Los Arboles El Paso, TX 79932 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$96.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address James Alaniz 11708 W Red Hawk Dr Peoria, AZ 85385 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.80	Nonpriority creditor's name and mailing address James Carte 16355 East Brown dr Aurora, CO 80013 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.00
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3.81	Nonpriority creditor's name and mailing address James Jones 44 Summerfield Dr. FISHERSVILLE, VA 22939 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.82	Nonpriority creditor's name and mailing address James Plante 2620 South Maryland Parkway Las Vegas, NV 89109 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.82
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3.83	Nonpriority creditor's name and mailing address James Rodriguez pathway communications 520 linda dr Apt. San Marcos, TX 78666 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.84	Nonpriority creditor's name and mailing address Jason Allmon 7800 Mockingbird Lane lot 123 North Richland Hills, TX 76180 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.85	Nonpriority creditor's name and mailing address Jason Staads 3247 Central Ave NE Minneapolis, MN 55418 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.86	Nonpriority creditor's name and mailing address Jason Thiede 532 South Miami Street West Milton, OH 45383 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.87	Nonpriority creditor's name and mailing address Jeff Schabowski W225 S4839 Guthrie Rd Waukesha, WI 53189 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.00
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3.88	Nonpriority creditor's name and mailing address Jeffrey Smith Quick splash mobile car wash Hampton, GA 30228 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.89	Nonpriority creditor's name and mailing address Joe Hess 2201 Ramsgate Dr Henderson, NV 89074 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.00
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3.90	Nonpriority creditor's name and mailing address Joe Taylor PO Box 73 Spillville, IA 52168 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.00
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3.91	Nonpriority creditor's name and mailing address John Barnes 1230 Lumpkin Rd Houston, TX 77043 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.00
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3.92	Nonpriority creditor's name and mailing address John Lawrentz 7400 State Route 685 Glouster, OH 45732-9298 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$999.00
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3.93	Nonpriority creditor's name and mailing address John Wylie 2709 North Benton Place Oak Harbor, WA 98277 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.94	Nonpriority creditor's name and mailing address Jon Conger 3942 w 79th street Indianapolis, IN 46268 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.95	Nonpriority creditor's name and mailing address jordan bryant 2342 castlecomer dr Charlotte, NC 28262 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.96	Nonpriority creditor's name and mailing address Jordan Pries 917 WASHINGTON AVE Bay city, MI 48708 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.00
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3.97	Nonpriority creditor's name and mailing address Jose Avila 908 N Inglewood ave, Apt. 4 Inglewood, CA 90302 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.98	Nonpriority creditor's name and mailing address joshua gordon 4971 nw ever road port saint lucie, FL 34983 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.99	Nonpriority creditor's name and mailing address Joshua Miranda 603 205th st E. spanaway, WA 98387 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.100	Nonpriority creditor's name and mailing address Jr HOLYFIELD 38 Lynn Drive Oxford, AL 36203 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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Debtor	Full Conceal Inc Name	Case number (if known)
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3.101	Nonpriority creditor's name and mailing address Kelvin Joseph 6019 103rd street Lubbock, TX 79424 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$369.00
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3.102	Nonpriority creditor's name and mailing address Kevin Geiling 28920 NE 124th ST Duvall, WA 98019 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.00
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3.103	Nonpriority creditor's name and mailing address KEVIN MCKAY 6940 REGATTA DR GRAND PRAIRIE, TX 75054 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.104	Nonpriority creditor's name and mailing address Marc Aucoin 608 Mardi Gras Ln Port allen, LA 70767 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.105	Nonpriority creditor's name and mailing address Marcus Trejo 2112 East william Cannon Dr Austin, TX 78744 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.106	Nonpriority creditor's name and mailing address Maria Bracamonte 6265 avenue Juan Diaz Jurupa Valley, CA 92509 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.107	Nonpriority creditor's name and mailing address Mark Elwood 325 Gran Ave Homewood, AL 35209 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$999.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.108	Nonpriority creditor's name and mailing address Matt Oamilda Atlas industrial 92-508 Awawa St KAPOLEI, HI 96707 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$59.00

3.109	Nonpriority creditor's name and mailing address Matt Palmer 1306 West Mount Drive Fircrest, WA 98466 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$369.00

3.110	Nonpriority creditor's name and mailing address Matthew Hagopian 45 Ash Street Reading, MA 01867 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$15.00

3.111	Nonpriority creditor's name and mailing address Matthew Mumford 8 Walnut St Warren, PA 16365 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$299.00

3.112	Nonpriority creditor's name and mailing address Matthew Vangaasbeck 2968 Campbell St Baker City, OR 97814 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$299.00

3.113	Nonpriority creditor's name and mailing address Michael Adams 10705 Elk Lake Drive Las Vegas, NV 89144 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$399.00

3.114	Nonpriority creditor's name and mailing address michael cramer 241 Brookfield Ave Staten Island, NY 10308 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$299.00

Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.115	Nonpriority creditor's name and mailing address Michael Full 4651 Valley Vista Dr. Dublin, CA 94568 Date(s) debt was incurred <u>2017-2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147,000.00
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3.116	Nonpriority creditor's name and mailing address michael juodzevich 2143 Ridge Street Yorktown Heights, NY 10598 Date(s) debt was incurred <u>03/30/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.117	Nonpriority creditor's name and mailing address Michael Rynearson 1646 El Dorado Way Redding, CA 96002 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598.00
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3.118	Nonpriority creditor's name and mailing address Michael Wagner 225 Fallon Road, #339 Stoneham, MA 02180 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.119	Nonpriority creditor's name and mailing address Miguel Guzman 6249 tackawanna st Philadelphia, PA 19135 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.120	Nonpriority creditor's name and mailing address Mitchell Smith-Long 1805 SE Clay St Albany, OR 97322 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.121	Nonpriority creditor's name and mailing address Mongoose Armory 2600 North Glen DR Clover, NM 88101 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$898.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.122	Nonpriority creditor's name and mailing address Nate Norris 9378 S Mason Montgomery Rd, Suite 231 Pm Mason, OH 45040 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$399.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	Nonpriority creditor's name and mailing address Nathan LeRoy 1051 50th street drive La Porte City, IA 50651 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124	Nonpriority creditor's name and mailing address Nathan Wright 2475 Culpepper Ln China Spring, TX 76633 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125	Nonpriority creditor's name and mailing address Nathaniel Lunders 776 South 18th Street Columbus, OH 43206 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$399.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126	Nonpriority creditor's name and mailing address NewTek Merchant Solutions 4650 N. Port Washington Road Milwaukee, WI 53212-1059 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card processing vendor</u> <u>[disputed charges / refunds owed on products not shipped by Full</u> <u>Conceal Mfg LLC]</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.127	Nonpriority creditor's name and mailing address Oleg Carrasco 299 Smithridge park 299 Reno, NV 89502 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128	Nonpriority creditor's name and mailing address On target range and guns Bullseye range 1151 S Cedar Ridge Dr Duncanville, TX 75137 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.129	Nonpriority creditor's name and mailing address Owen Margeson 1833 South Ocean Drive Unit 201 Hallandale Beach, FL 33009 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$369.00
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3.130	Nonpriority creditor's name and mailing address P3 Tactical LLC 6981 40th Ave Hudsonville, MI 49426 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.00
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3.131	Nonpriority creditor's name and mailing address PARVINDER SETHI 1964 GARDNER CIR E Aurora, IL 60503 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.132	Nonpriority creditor's name and mailing address Patrick Moran 7918 Restless Wind San Antonio, TX 78250-4739 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.00
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3.133	Nonpriority creditor's name and mailing address Paul Prasarn 615 Owego Road Candor, NY 13743 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.80
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3.134	Nonpriority creditor's name and mailing address Paul Royer 16149 E Montana Pl Aurora, CO 80017 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.00
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3.135	Nonpriority creditor's name and mailing address Pete O'Heeron 17006 Evergreen Elm Way Houston, TX 77059 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.136	Nonpriority creditor's name and mailing address Peter Duran 40291 W. Lococo St. Maricopa, AZ 85138 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$349.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address Peter Lieu 1118 18th st Oakland, CA 94607 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,196.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address Philip Tree 2754 Richardson Street Fitchburg, WI 53711 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address Point Blank Range/ Matthews 10726 Monroe Rd Matthews, NC 28105 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,347.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address Pongsakorn Vaivong 11915 Casparis San Antonio, TX 78254 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$999.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address Richard Cummings 424 Loudon Road Loudonville, NY 12211 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address Rick Murff 2210 N Lema Dr Mesa, AZ 85215 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.143	Nonpriority creditor's name and mailing address Rob Hogle 3195 Dayton Xenia Road Ste 900-183 Beavercreek, OH 45434 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
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3.144	Nonpriority creditor's name and mailing address Rob Hogle 3195 Dayton Xenia Road Ste 900-183 Beavercreek, OH 45434 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
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3.145	Nonpriority creditor's name and mailing address Robert Gemar 415 North 3826 East Rigby, ID 83442 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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3.146	Nonpriority creditor's name and mailing address Robert Gittings 24 West Camelback Road #244 Phoenix, AZ 85013 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.00
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3.147	Nonpriority creditor's name and mailing address Robert Perez Address unknown Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$898.00
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3.148	Nonpriority creditor's name and mailing address Rocky Mountain Pawn 875 E Bridge St Brighton, CO 80601 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,347.00
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3.149	Nonpriority creditor's name and mailing address Rodrigo Alvarez 1994 1484 Kimball place Manteca, CA 95336 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.150	Nonpriority creditor's name and mailing address Ron Bernstein 8175 Arville St Las Vegas, NV 89139 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151	Nonpriority creditor's name and mailing address Ron Kontowsky 15850 27 Mile Road Ray, MI 48096 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.152	Nonpriority creditor's name and mailing address Scott's Pawn & Jewelry 873 1st St N Alabaster, AL 35007 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,047.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.153	Nonpriority creditor's name and mailing address Shawn Hoang 903 Highridge Ln. Kent, OH 44240 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$369.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.154	Nonpriority creditor's name and mailing address Shawn Oritz 7054 Azure Beach st Las Vegas, NV 89148 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.155	Nonpriority creditor's name and mailing address Sherwyn Greenfield 2271 165th St Spirit Lake, IA 51360 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.156	Nonpriority creditor's name and mailing address Shooters Emporium 1495 S Main St Romeo, MI 48065 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$898.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.157	Nonpriority creditor's name and mailing address Stephen Germain 821 Franklin St Worcester, MA 01604 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158	Nonpriority creditor's name and mailing address Stond Rose 1080 Amberton Ln Newbury Park, CA 91320 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.159	Nonpriority creditor's name and mailing address Taylor Gun Sales PO Box 73 Spillville, IA 52168 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$475.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.160	Nonpriority creditor's name and mailing address Teresa Reynolds 48 W Cumberland Martinsville, IL 62442 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.161	Nonpriority creditor's name and mailing address Thomas Fang 11 s wille 408 mt prospect, IL 60056 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$114.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.162	Nonpriority creditor's name and mailing address Thomas Koh 2536 Fairfax Dr #A Arlington, VA 22201 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.163	Nonpriority creditor's name and mailing address Tim Miller 1536 Deer Moss Court Gulf Breeze, FL 32563 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Full Conceal Inc Name _____	Case number (if known) _____
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3.164	Nonpriority creditor's name and mailing address Todd Bixby 3637 Highway 332 Hoschton, GA 30548 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.165	Nonpriority creditor's name and mailing address Tony Cangelosi 6965 E Country Highlands Dr Floral City, FL 34436 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.166	Nonpriority creditor's name and mailing address Tony Cangelosi 6965 E Country Highlands Dr Floral City, FL 34436 Date(s) debt was incurred <u>04/03/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$369.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.167	Nonpriority creditor's name and mailing address Tre Lytle 5817 nystrom st New Carrollton, MD 20784 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.168	Nonpriority creditor's name and mailing address Tyler Gregory 22306 Tees Terrace Ashburn, VA 20148 Date(s) debt was incurred <u>03/27/20</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.169	Nonpriority creditor's name and mailing address Tyler Waylett 804 Getchell Street Helena, MT 59601 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$569.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.170	Nonpriority creditor's name and mailing address Walter Keller Address unknown Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer - order not shipped</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Full Conceal Inc**

Name

Case number (if known)

3.171 Nonpriority creditor's name and mailing address

William Driver
4051 27th Street N
Arlington, VA 22203Date(s) debt was incurred 04/03/20

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer - order not shippedIs the claim subject to offset? ☒ No ☐ Yes

\$399.00

3.172 Nonpriority creditor's name and mailing address

William Dyer
5391 Saratoga Ave
Milton, FL 32570Date(s) debt was incurred 04/03/20

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer - order not shippedIs the claim subject to offset? ☒ No ☐ Yes

\$399.00

3.173 Nonpriority creditor's name and mailing address

Yacob Chernet
3120 Woodlane Ct
Indianapolis, IN 46268Date(s) debt was incurred 2020

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer - order not shippedIs the claim subject to offset? ☒ No ☐ Yes

\$599.00

3.174 Nonpriority creditor's name and mailing address

Z Hanging Spur LLC
10979 724 RD
Oxford, NE 68967Date(s) debt was incurred 2020

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer - order not shippedIs the claim subject to offset? ☒ No ☐ Yes

\$1,347.00

3.175 Nonpriority creditor's name and mailing address

Ziaire Clasper
Address unknownDate(s) debt was incurred 2020

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer - order not shippedIs the claim subject to offset? ☒ No ☐ Yes

\$449.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 120,000.005b. + \$ 339,448.455c. \$ 459,448.45

Fill in this information to identify the case:Debtor name **Full Conceal Inc**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Sublease for 175
Cassia Way, #A1114,
Henderson NV 89014
(no money owed - for
FFL purposes only)**

State the term remaining

List the contract number of any government contract _____

**Full Conceal Mfg LLC
175 Cassia Way, #A1114
Henderson, NV 89014**

Fill in this information to identify the case:Debtor name **Full Conceal Inc**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1

Street

City

State

Zip Code

☐ D
☐ E/F
☐ G

2.2

Street

City

State

Zip Code

☐ D
☐ E/F
☐ G

2.3

Street

City

State

Zip Code

☐ D
☐ E/F
☐ G

2.4

Street

City

State

Zip Code

☐ D
☐ E/F
☐ G

Fill in this information to identify the case:Debtor name Full Conceal IncUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2020 to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other _____**Gross revenue**

(before deductions and exclusions)

\$167,000.00**For prior year:**From 1/01/2019 to 12/31/2019☒ Operating a business☐ Other _____\$1,432,104.00**For year before that:**From 1/01/2018 to 12/31/2018☒ Operating a business☐ Other _____\$2,966,677.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply*

Debtor **Full Conceal Inc**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Howard & Howard Attorneys PLLC 3800 Howard Hughes Pkwy Suite 1000 Las Vegas, NV 89169	7/24/2020 7/24/2020 10/8/2020 10/9/2020	\$15,085.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Steve Pantalemon 4525 Dean Martin Dr Apt 1212 Las Vegas, NV 89103 Shareholder and former officer	March 2020	\$78,738.00	Unauthorized withdrawal

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Full Conceal Inc vs. Steve Pantalemon A-20-813641-C	Breach of duty, conversion, etc.	Eighth District Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor **Full Conceal Inc**

Case number (if known)

☐ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Customer shipments	None	March-APril 2020	\$10,000.00

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Atkinson Law Associates Ltd. 376 E Warm Springs Rd Suite 130 Las Vegas, NV 89119	Attorney Fees	10/1/2020	\$2,850.00
Email or website address bknotices@nv-lawfirm.com			
Who made the payment, if not debtor?			
11.2. Howard & Howard Attorneys, PLLC 3800 Howard Hughes Pkwy Suite 1000 Las Vegas, NV 89169		10/8/2020	\$8,000.00
Email or website address			
Who made the payment, if not debtor?			

Debtor **Full Conceal Inc**

Case number (if known)

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Full Conceal Mfg LLC 175 Cassia Way Ste #A1114 Henderson, NV 89014	Machinery sold for approximate market value	August 2019	\$22,510.00
	Relationship to debtor None			
13.2	Unknown (went through escrow)	VM3 machine	July 2020	\$47,000.00
	Relationship to debtor Unknown			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	4325 Dean Martin Dr., Ste. #325 Las Vegas, NV 89103	Mar 2017 to Aug 2017
14.2.	4325 Dean Martin Dr., Ste. #350 Las Vegas, NV 89103	Aug 2017 to Aug 2019

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Debtor **Full Conceal Inc**

Case number (if known)

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor **Full Conceal Inc**

Case number (if known)

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Danny Dodiya India (outsourced accounting)	
26a.2. Carol T. Lechner 7545 Oso Blanca Rd. #1189 Las Vegas, NV 89149	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor **Full Conceal Inc**

Case number (if known)

Name and address**Date of service
From-To**

26b.1. **Prestige Accounting**
11740 Dublin Blvd Suite 200
Dublin, CA 94568

Name and address**Date of service
From-To**

26b.2. **Michael Matthews**
2620 Regatta Dr., Suite 102
Las Vegas, NV 89128

Name and address**Date of service
From-To**

26b.3. **Campbell Jones Cohen CPAs**
7848 West Sahara Ave
Las Vegas, NV 89117

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address**If any books of account and records are
unavailable, explain why**

26c.1. **Prestige Accounting**
11740 Dublin Blvd Suite 200
Dublin, CA 94568

26c.2. **Danny Dodiya**
India (outsourced accounting)

26c.3. **Michael Full**
4651 Valley Vista Dr
Dublin, CA 94568

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

27.1 **Leeor Engelstein (done verbally)**

Feb 2020

**Name and address of the person who has possession of
inventory records**

Leeor Engelstein
c/o Full Conceal Mfg LLC
175 Cassia Way Ste A1114
Henderson, NV 89014

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **Full Conceal Inc**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Michael Full	4651 Valley Vista Dr Dublin, CA 94568	Sole director and officer	51%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Steve Pantalemon	4525 Dean Martin Drive Apt 1212 Las Vegas, NV 89103	Former officer and director	Resigned 3/30/2020

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Steve Pantalemon 4525 Dean Martin Drive Apt 1212 Las Vegas, NV 89103	\$78,738	March 2020	Withdrew funds without authorization, claiming for unapproved deferred salary, unapproved expenses, and unapproved personal distribution
Relationship to debtor Former officer			
30.2 Michael Full 4651 Valley Vista Dr Dublin, CA 94568	2 months' salary	4/16/2020 to 6/22/2020	Michael had been working without drawing any salary for over a year
Relationship to debtor Officer, director, and majority shareholder			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Debtor **Full Conceal Inc**

Case number (if known) _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 13, 2020**

/s/ Michael Full

Signature of individual signing on behalf of the debtor

Michael Full

Printed name

Position or relationship to debtor **CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Nevada

In re **Full Conceal Inc**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,850.00</u>
Prior to the filing of this statement I have received	\$	<u>2,850.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Per fee agreement.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Per fee agreement.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 13, 2020

Date

/s/ Robert Atkinson

Robert Atkinson 9958

Signature of Attorney

Atkinson Law Associates Ltd.

376 E Warm Springs Rd Suite 130

Las Vegas, NV 89119

(702) 614-0600 Fax: (702) 614-0647

bknotices@nv-lawfirm.com

Name of law firm

**United States Bankruptcy Court
District of Nevada**

In re **Full Conceal Inc**

Debtor(s)

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VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **October 13, 2020**

/s/ Michael Full

Michael Full/CEO

Signer/Title

Full Conceal Inc
4651 Valley Vista Drive
Dublin, CA 94568

Robert Atkinson
Atkinson Law Associates Ltd.
376 E Warm Springs Rd Suite 130
Las Vegas, NV 89119

Abide Armory
3009B N State Route 89
Prescott, AZ 86301

Adam Thomas
3390 Abbie ln
Battle mountain, NV 89820

Advanced Weapons
2149 Freemont Dr
Canon City, CO 81212

Alex Harding
497 Melvin Avenue
Morrisville, PA 19067

Alex Martin
9212 se retreat dr
hobe sound, FL 33455

Alhareth AlSalman
23314 nocturnal ct
Katy, TX 77493

American Express National Bank
Acct No 52741627910207662100
c/o: Datamark Inc.
Attn: Merchant Financing Counsel
43 Butterfield Circle
EL Paso, TX 79906

ANDREW DORMAN
Papa Foxtrot Tactical LLC 2303 Highway 1
Galivants Ferry, SC 29544-6831

Andrew Hernandez
14025 Fairway Island Dr. 325
Orlando, FL 32837

Andrew Obrist
4938 Juno Road
Virginia Beach, VA 23455

Andrew Papp
112 Beaumont dr
Dahlonega, GA 30533

Andrew Waller
3241 South Mount Carmel Avenue
Wichita, KS 67217

Anthony Cellana
KT Arms LLC 291 NW 48th Ave
DEERFIELD BEACH, FL 33442

Apple & Sons Saunders Ace Hardware
202 PIEDMONT ST
REIDSVILLE, NC 27320

Arianna Monin
3661 Glasstop Dr
Las Vegas, NV 89141

Arrow Security Inc.
15410 N 67 Ave
Glendale, AZ 85306

Ben Bushong
427 Hannah Road
Daleville, AL 36322

Bill Hicks
15155 23rd Avenue North
Plymouth, MN 55447

Bloodhound Arms, LLC
140 Commonwealth Drive
Warrendale, PA 15086

Brandon Barbee
PO Box 456
Center, TX 75935

Brandon Carriere
4435 MEADOW BROOK WAY
Lake Charles, LA 70607

Brandon Yanskey
520 Geary Dr
Rockwall, TX 75087

Brian Barmmer
entensiv 68 Virginia Farme Ln
Carlisle, MA 01741

Brian Wensel
4109 S Roberts Rd
Fort Mohave, AZ 86426

Bryan Oudomsouk
504 Lutie CT
Nashville, TN 37210

California Franchise Tax Board
Bankruptcy Section, MS A340
P.O. Box 2952
Sacramento, CA 95812-2952

California State Board of Equalization
Account Information Group, MIC: 29
P.O. Box 942879
Sacramento, CA 94279

Carl Guething
1700 W 67th Ave
Denver, CO 80221

Carlton McCord
27845 Moran St
Harrison Township, MI 48045

Charles Butkus
3833 Peachtree Rd Ne Apt 1506
Brookhaven, GA 30319

Charles Moore
6216 south lagoon Dr.
Panama city bea, FL 32408

Chris Culross
75 Center St
Laramie, WY 82072

Christopher Galan
157 Doris Dr
Universal city, TX 78148

Christopher Kam
267 Mokauea st
Honolulu, HI 96819

Christopher Liston
15 Mill Street
Mays Landing, NJ 08330

Christopher Meyer
713 Virginia Ave
Gallatin, TN 37066

Christopher Polhemus
419 Abigail Street
Ridgecrest, CA 93555

Christopher Sofich
8717 SE Monterey Ave Unit 209
Portland, OR 97086

Citibank, N.A.
Attn: Centralized Bankruptcy
PO Box 20507
Kansas City, MO 64195

Collin Orizu
989 S Buchanan St Unit 210
Arlington, VA 22204

CV Property Management
4520 36th Ave S
Fargo, ND 58104

Dallas Hill
1979 12212 Anne Kenia Dr.
Thonotosassa, FL 33592

Dan Kremer
3839 Treebrook Dr
Imperial, MO 63052

Danele Williams
1117 South Bloodworth Street
Raleigh, NC 27601

Daniel Crall
59 Hathorn Blvd.
Saratoga Springs, NY 12866

Daniel Gambella
5 Ladder Court
Huntington, NY 11743

Daniel Nelson
Address unknown

Daniel Sotelo
3108 W LOUISIANA AVE
Midland, TX 79701

Darren Harrell
131 Jowers Road
West Monroe, LA 71291

Darren Harrell
131 Jowers Road
West Monroe, LA 71291

dave licht
6735 cascade manor dr
sugar land, TX 77479

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6200 Pershing Ave Apt 378
Fort Worth, TX 76116

David Harris
10004 Wurzbach Rd #321
San Antonio, TX 78230

Derek Holbrook
P.O. Box 455
Oak Harbor, WA 98277

Desert Weaponry
11364 E Prince Rd
Tucson, AZ 85749

Dillon Point
575 State Route 37
Akwesasne, NY 13655

Doug Wight (Gold Ring Pawn)
445 Main St
Silt, CO 81652

Dre Mill
2666 morrow place
Cincinnati, OH 45204

Dutch Hillelburg
7039 Signal Hill Rd
Manassas, VA 20111

Eddie Colameta
495 Broadway
Malden, MA 02148

Eddie E Walker Jr
468 Oak Ridge Estates
Murphy, NC 28906

Eion Hughes
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Rogersville, TN 37857

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6985 W Sahara Ave
Las Vegas, NV 89117

Endicia
323 N Mathilda Ave
Sunnyvale, CA 94085

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Monroe, NC 28110

Eric Hernandez
635 Voiles Street
Brighton, CO 80601

ERICH VINCENT
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PLEASANT HILL, CA 94523

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568 Station Road
Mount Holly, VT 05758

ETS
PO Box 2889
South Bend, IN 46680

Frank Hodne
8174 N Union Church Rd
Milford, DE 19963

Frog Bones Family Shooting Center
404 S Harbor City Blvd
Melbourne, FL 32901

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G.O.T. Fitness
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Greg Komassa
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Anthony, NM 88021

Gregory Conran
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Howard Steven Leight
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Iho Tree
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Internal Revenue Service
Centralized Insolvency
PO Box 7346
Philadelphia, PA 19101-7346

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Jackson, TN 38301

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El Paso, TX 79932

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11708 W Red Hawk Dr
Peoria, AZ 85385

James Carte
16355 East Brown dr
Aurora, CO 80013

James Jones
44 Summerfield Dr.
FISHERSVILLE, VA 22939

James Plante
2620 South Maryland Parkway
Las Vegas, NV 89109

James Rodriguez
pathway communications 520 linda dr Apt.
San Marcos, TX 78666

Jason Allmon
7800 Mockingbird Lane lot 123
North Richland Hills, TX 76180

Jason Staads
3247 Central Ave NE
Minneapolis, MN 55418

Jason Thiede
532 South Miami Street
West Milton, OH 45383

Jeff Schabowski
W225 S4839 Guthrie Rd
Waukesha, WI 53189

Jeffrey Smith
Quick splash mobile car wash
Hampton, GA 30228

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2201 Ramsgate Dr
Henderson, NV 89074

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PO Box 73
Spillville, IA 52168

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Houston, TX 77043

John Lawrentz
7400 State Route 685
Glouster, OH 45732-9298

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Oak Harbor, WA 98277

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3942 w 79th street
Indianapolis, IN 46268

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Charlotte, NC 28262

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Bay city, MI 48708

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908 N Inglewood ave, Apt. 4
Inglewood, CA 90302

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port saint lucie, FL 34983

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603 205th st E.
spanaway, WA 98387

Jr HOLYFIELD
38 Lynn Drive
Oxford, AL 36203

Kelvin Joseph
6019 103rd street
Lubbock, TX 79424

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28920 NE 124th ST
Duvall, WA 98019

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6940 REGATTA DR
GRAND PRAIRIE, TX 75054

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608 Mardi Gras Ln
Port allen, LA 70767

Marcus Trejo
2112 East william Cannon Dr
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6265 avenue Juan Diaz
Jurupa Valley, CA 92509

Mark Elwood
325 Gran Ave
Homewood, AL 35209

Matt Oamilda
Atlas industrial 92-508 Awawa St
KAPOLEI, HI 96707

Matt Palmer
1306 West Mount Drive
Fircrest, WA 98466

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45 Ash Street
Reading, MA 01867

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Warren, PA 16365

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Baker City, OR 97814

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Dublin, CA 94568

Michael Full
4651 Valley Vista Dr
Dublin, CA 94568

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Yorktown Heights, NY 10598

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Redding, CA 96002

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Stoneham, MA 02180

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Philadelphia, PA 19135

Mitchell Smith-Long
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Albany, OR 97322

Mongoose Armory
2600 North Glen DR
Clover, NM 88101

Nate Norris
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Mason, OH 45040

Nathan LeRoy
1051 50th street drive
La Porte City, IA 50651

Nathan Wright
2475 Culpepper Ln
China Spring, TX 76633

Nathaniel Lunders
776 South 18th Street
Columbus, OH 43206

Nevada Dept of Taxation
Attn: Bankruptcy
555 E. Washington Ave Suite 1300
Las Vegas, NV 89101

NewTek Merchant Solutions
4650 N. Port Washington Road
Milwaukee, WI 53212-1059

NV DETR
Attn: Bankruptcy
500 East Third Street
Carson City, NV 89713

Oleg Carrasco
299 Smithridge park 299
Reno, NV 89502

On target range and guns
Bullseye range
1151 S Cedar Ridge Dr
Duncanville, TX 75137

Owen Margeson
1833 South Ocean Drive Unit 201
Hallandale Beach, FL 33009

P3 Tactical LLC
6981 40th Ave
Hudsonville, MI 49426

PARVINDER SETHI
1964 GARDNER CIR E
Aurora, IL 60503

Patrick Moran
7918 Restless Wind
San Antonio, TX 78250-4739

Paul Prasarn
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Candor, NY 13743

Paul Royer
16149 E Montana Pl
Aurora, CO 80017

Pete O'Heeron
17006 Evergreen Elm Way
Houston, TX 77059

Peter Duran
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Maricopa, AZ 85138

Peter Lieu
1118 18th st
Oakland, CA 94607

Philip Tree
2754 Richardson Street
Fitchburg, WI 53711

Point Blank Range/ Matthews
10726 Monroe Rd
Matthews, NC 28105

Pongsakorn Vaivong
11915 Casparis
San Antonio, TX 78254

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424 Loudon Road
Loudonville, NY 12211

Rick Murff
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Mesa, AZ 85215

Rob Hogle
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Beavercreek, OH 45434

Rob Hogle
3195 Dayton Xenia Road Ste 900-183
Beavercreek, OH 45434

Robert Gemar
415 North 3826 East
Rigby, ID 83442

Robert Gittings
24 West Camelback Road #244
Phoenix, AZ 85013

Robert Perez
Address unknown

Rocky Mountain Pawn
875 E Bridge St
Brighton, CO 80601

Rodrigo Alvarez
1994 1484 Kimball place
Manteca, CA 95336

Ron Bernstein
8175 Arville St
Las Vegas, NV 89139

Ron Kontowsky
15850 27 Mile Road
Ray, MI 48096

Scott's Pawn & Jewelry
873 1st St N
Alabaster, AL 35007

Shawn Hoang
903 Highridge Ln.
Kent, OH 44240

Shawn Oritz
7054 Azure Beach st
Las Vegas, NV 89148

Sherwyn Greenfield
2271 165th St
Spirit Lake, IA 51360

Shooters Emporium
1495 S Main St
Romeo, MI 48065

Stephen Germain
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Worcester, MA 01604

Stond Rose
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Newbury Park, CA 91320

Taylor Gun Sales
PO Box 73
Spillville, IA 52168

Teresa Reynolds
48 W Cumberland
Martinsville, IL 62442

Thomas Fang
11 s wille 408
mt prospect, IL 60056

Thomas Koh
2536 Fairfax Dr #A
Arlington, VA 22201

Tim Miller
1536 Deer Moss Court
Gulf Breeze, FL 32563

Todd Bixby
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Hoschton, GA 30548

Tony Cangelosi
6965 E Country Highlands Dr
Floral City, FL 34436

Tony Cangelosi
6965 E Country Highlands Dr
Floral City, FL 34436

Tre Lytle
5817 nystrom st
New Carrollton, MD 20784

Tyler Gregory
22306 Tees Terrace
Ashburn, VA 20148

Tyler Waylett
804 Getchell Street
Helena, MT 59601

Walter Keller
Address unknown

William Driver
4051 27th Street N
Arlington, VA 22203

William Dyer
5391 Saratoga Ave
Milton, FL 32570

Yacob Chernet
3120 Woodlane Ct
Indianapolis, IN 46268

Z Hanging Spur LLC
10979 724 RD
Oxford, NE 68967

Ziaire Clasper
Address unknown

**United States Bankruptcy Court
District of Nevada**

In re **Full Conceal Inc**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Full Conceal Inc** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

October 13, 2020

Date

/s/ Robert Atkinson**Robert Atkinson 9958**Signature of Attorney or Litigant
Counsel for **Full Conceal Inc****Atkinson Law Associates Ltd.****376 E Warm Springs Rd Suite 130****Las Vegas, NV 89119****(702) 614-0600 Fax:(702) 614-0647****bknotices@nv-lawfirm.com**